



STATE OF TENNESSEE
COUNCIL ON CHILDREN'S MENTAL HEALTH

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Council on Children's Mental Health
August 23, 2012
10 a.m. – 3 p.m.
General Services Conference Room
Andrew Johnson Building

MEETING SUMMARY

Attendee List:

Sandra Allen	Deborah Gatlin	Linda O'Neal
Susan Adams	Kathy Gracey	Steve Petty
Louise Barnes	Stephanie Grissom	Laurie Powell
Carol Beltz	Vickie Harden	Dawn Puster
Kathy Benedetto	Kurt Hipple	Mary Rolando
Shawn Brooks	Joan Jenkins	Mary Linden Salter
Pam Brown	Petrina Jesz	Kübra Snow
Charlotte Bryson	Dustin Keller	Sukey Steckel
Libby Christianson	Richard Kennedy	Doug Varney
Brittany Corlew	Kristy Leach	Heather Wallace
Janet Coscarelli	Kisha Ledlow	Bill Weathers
Janice Davidson	Loraine Lucinski	Sejal West
Larisha Davis	James Martin	Alysia Williams
Stacey Dixon	Shelley Martin	Lygia Williams
Bill Dobbins	Michael Myszka	
Rhonda Ewing	Nneka Norman-Gordon	

Welcome and Introductions (Linda O'Neal and E. Douglas Varney)

- O'Neal welcomed participants and thanked everyone for their work in getting the Council on Children's Mental Health *Report to the Legislature 2012* submitted on June 29.

- Commissioner Varney reported TDMHSAS received the Budget Instructions for FY2014 recently. While the economy is doing somewhat better, Tennessee's unemployment is still above the national average. This will be another budget year where available resources for new initiatives will be very limited.
- Commissioner Varney said 14 legislative proposals were received. These will be considered carefully for recommendations to be included in the Administration's legislative package.
- The Children's Cabinet has met twice. The Governor and First Lady remain fully supportive. Jude White is the Director. The primary goal of the group is to improve services for families and children in need of assistance. Another goal of the group is to facilitate collaboration among all child-serving Departments. Additionally they want to improve efficiency in state government, be good stewards of the taxpayer's money, and be customer focused. The group will adopt a common agenda where measurement of outcomes will be key. One early strategy the group will address is concerning babies born to mothers who are addicted to narcotics or prescription drugs. This is not only a huge cost for the State but also is very dangerous and difficult for newborns.
- Addressing the prescription drug issue is also a main priority of the Tennessee Department of Mental Health and Substance Abuse (TDMHSAS). TDMHSAS is in the process of updating the best practice guidelines for children and youth.
- In regard to healthcare reform, Commissioner Varney said many states seem to be taking a "wait-and-see" attitude about how to move forward until after the November elections. The Governor has not released any information about a possible Medicaid expansion. Tennessee is currently looking at a Health Insurance Exchange and there have been statewide public hearings.
- A link for the Dashboard of Behavioral Health Indicators is now available on the TDMHSAS Research Team's web page at http://tn.gov/mental/policy/BehHealthIndicatorsTNvsUS_8.16.2012.pdf.

Acceptance of Meeting Summary (O'Neal)

- April 19 2012 Meeting Summary Acceptance (**NORMAN-GORDON MOTION, GRACEY SECOND, PASSED UNANIMOUS**)

Legislation Review (Steve Petty)

(Refer to handout titled, "Legislative Summary, CCMH, August 23, 2012")

- Petty highlighted some of the major pieces of legislation passed during the last Legislative Session.
 - **P.C. 0653** is a follow up to the Tennessee Transitioning Youth Empowerment Action of 2010 essentially removing the end date for the program. Petty referred to the Youth Transitions Advisory Council having recommending continuation of this program. It is related to Tennessee's implementation of the 2008 Federal

Fostering Connections federal legislation and the provision of services for youth transitioning out of state custody into adulthood.

- **P.C. 0843** creates a Class E felony offense for persons manufacturing or selling imitation controlled substances, such as “bath salts.”
- **P.C.0848** creates a Class D felony offense for the manufacture, delivery, dispensing or selling of controlled substance analogues.
- **P.C. 0889** concerns “violent offender” eligibility for drug court treatment programs.
- **P.C. 0986** revises various provisions governing the reorganization of some governmental entities, including granting the Governor the authority to appoint the Executive Director of the Commission on Children and Youth. This goes into effect October 1, 2012.
- **SB2224/HB2362** would have extended the Second Look Commission until June 30, 2017 but did not pass. The entity is currently in wind down. The Second Look Commission investigates cases of child abuse where a second or subsequent incident of severe abuse has occurred.
- **P.C. 0912** made some changes in TANF eligibility, including making transportation assistance optional rather than mandatory.
- **P.C. 1079** requires drug screening of applicants for TANF benefits. It is scheduled for implementation in July 2014.
- **P.C. 0873** revised the funding criteria for in-home visitation programs ensuring only evidence-based practices are funded with staggered implementation.
- **P.C. 1028** and **1029** are parts of the Appropriations Act.
- Petty also mentioned effective July 1, 2012, TCCY staff was cut by 40 percent, primarily by eliminating the CPORT program.

TCCY Children and Youth Budget Recommendations (O’Neal)

- O’Neal directed attention to copies of the “*KIDS COUNT – The State of the Child in Tennessee 2011*” and the “*2012 KIDS COUNT Data Book*” available to Council members. The “State of the Child in Tennessee” reported nearly 9 out of every 10 dollars spent on children are federal funds or required as match/maintenance of effort (MOE).
- KIDS COUNT used a new, more comprehensive index for this year’s data book. The index measures overall child well-being and ranks the states based on indicators across four domains: Economic Well-Being, Education, Health, and Family and Community. Tennessee’s economic ranking was 38, and Tennessee ranked 36 overall, the best standing since the inception of KIDS COUNT. Tennessee ranked highest in the Health domain at 16. Its worst ranking was in Education, at 42. Tennessee ranked 39 in the domain for Family and Community.
- O’Neal reminded participants TCCY has a statutory obligation to review and analyze the proposed budget and make recommendations regarding the budget and its impact on

children. The Commission makes recommendations to the Governor and Commissioners, and to key legislative leadership, including the Finance, Ways and Means Committees of the House and Senate. Historically, TCCY has provided recommendations preceding the budgeting process for consideration at that time. The Commission has also provided additional comments following the release of the Governor's budget and the departmental budget hearings. The recommendations for the FY 2013-2014 most relevant for members of the CCMH include:

- Maintenance of public and private partnerships;
- Early childhood programs;
- Programming consistent with system of care principles;
- Staffing and operating funds for the CCMH; and
- A technical assistance System of Care Center for Excellence

TN Infant and Early Childhood Mental Health Initiative Update (Loraine Lucinski)

- The group has been meeting since November 2010 to bring together individuals and agencies and develop relationships across departments/entities and to identify existing needs and resources to address the mental health needs of infants and their families.
- The group last met on August 17, 2012, and the meeting was well attended with about 45 individuals participating. Discussion topics included mapping of services, workforce development, an infant/early childhood version of CANS, and provider reimbursement. They continue to review other states' experiences with such an initiative.
- There was great support for a recent application submitted to SAMHSA for a young child wellness grant called Project Linking Actions for Unmet Needs in Children's Health, Project LAUNCH.
- Infant mental health will be included for the first time in the new TDMHSAS Best Practice Guidelines.
- The Connecting for Children's Justice (CCJ) Conference will have an infant/toddler track and stronger emphasis on prevention. There is a collaborative effort to identify an expert in reflective supervision to train Tennessee professionals.
- The next meeting of the Initiative will be October 26, 2012.

Statewide Expansion Implementation Grant Application and SOC Site Status Update (Susan Steckel)

- Steckel gave updates on Tennessee's four demonstration sites:
 - **South Central System of Care** (formerly Mule Town Family Network – name was changed when more counties were added) served 414 unduplicated children and youth over the course of the six-year grant. Federal funding for the project ends this September. The original goal for the project was to serve an unduplicated total of 440 children and youth. A pilot Care Management Entity (CME) model is currently being operated for SCSC. The individual support plans are done collaboratively with multi-

agency involvement. Planning is also being done to align with ACA/healthcare reform changes.

- **K-Town Youth Empowerment Network** in Knox County has served 106 since October 1, 2010. Preliminary evaluation data shows among a cohort of 10 youth enrolled in K-Town, the group had a combined 80 nights in jail at baseline and only had a combined three nights in jail after six months with K-Town. The Youth-in-Action Council now has 30 members. A volunteer family support leadership pilot training program has been initiated over the last year and has eight caregivers currently participating.
- **Just Care Family Network** has served 146 children and youth. The Family Support Providers/Mental Health Consultants are working as a dyad team to make System of Care in Shelby County a success. Youth That Care Youth Council and Parents That Care Support Groups have been established.
- **Early Connections Network** hopes to start enrolling families the second week of September. The program is for children ages 0 – 5 and their families. The process is ongoing to build public/private partnerships in a five county area: Cheatham, Dickson, Montgomery, Robertson and Sumner. Training in early childhood for providers and family members will be done at regional and state levels. There will be a focus on working with and serving military families.
- The **SOC Statewide Expansion Implementation Grant Proposal**, if funded, would implement a comprehensive plan for a statewide System of Care. Steckel noted a System of Care is not a program or a SAMHSA grantee-driven activity; it is a philosophy about how children's mental health needs should be met across the country. The expansion implementation proposal is based on the previously submitted SOC Planning Grant and recommendations from the 2012 CCMH Report to the Legislature. The four main goals of the Plan are:
 - Implement state level policy and administrative and regulatory changes where necessary to promote and sustain a statewide infrastructure and provide an opportunity for the Governor's Children's Cabinet to coordinate state level leadership and oversight;
 - Facilitate increased access to and expand or enhance the coordinated system of services;
 - Create and implement sustainable training and technical assistance strategies for ongoing learning, coaching and practice improvement, increase the availability of SOC-related trainings, establish a sustainable statewide SOC Technical Assistance Center, and create a statewide care coordination certification program; and
 - Expand the existing support and advocacy base and increase family and youth involvement, as they are integral partners in SOC expansion.
- TDMHSAS should learn if the proposal is awarded next month. *[Confirmation of grant award was received in late September.]*

July 2012 Report Overview and Next Steps Planning (Dustin Keller)

- Keller provided an overview of the CCMH 2012 Report to the Legislature that was submitted in June 2012.
- The five recommendations from the Council to the Legislature were:
 - Collaborate with TennCare and MCOs throughout the current delivery system to begin reviewing possibilities of integrating SOC values and principles into the managed care system in Tennessee's three Grand Divisions;
 - Extend the due date for the Council's plan for statewide expansion to July 1, 2015;
 - Provide adequate state funding to support and staff the Council on Children's Mental Health;
 - Create and/or sustain a Technical Assistance/SOC Center of Excellence for System of Care Expansion to serve and support communities/groups in developing local/regional SOC initiatives, thereby facilitating community readiness; and
 - Expand the use of Child and Adolescent Needs and Strengths (CANS) Service Planning Tool to become a universally recognized tool among child-serving agencies.
- Members were surveyed about barriers in four areas: administrative, service, policy and statewide implementation of SOC principles:
 - The greatest administrative barrier was perceived to be lack of integrated information systems. This was a significant change from the 2009 and 2010 surveys where administrative and provider territoriality was perceived to be the biggest barrier. This indicates that interagency collaboration has improved over time.
 - Limited number and array of services is the greatest barrier for services.
 - Inability to track outcomes was the second greatest barrier for all three surveys and, as it is a requirement of many state and federal funding sources, a consistent challenge across systems.
 - Inadequate cross-agency coordination is the greatest policy barrier.
- The current survey results are very positive perceptions of interagency collaboration. The CCMH and Workgroups identified ability to share data and information across systems as a continuing challenge, but it has improved since the 2010 survey; information sharing is also the greatest barrier to implementing a statewide SOC.
- Keller noted that some of the tables and graphs CCMH worked on in concert with the Resource Mapping Advisory Group contain five years of data.
- Mental Health and Substance Abuse as a Percent of Total Expenditures decreased from 6.37 percent in 2008-2009 to 4.67 percent in 2010-2011. This is due in part to the RMHIs no longer serving children.

- Mental Health and Substance Abuse Expenditures by State Agency were depicted for FY 2008-2009, FY 2009-2010 and FY 2010-2011. DCS funding was relatively constant at \$155 million. However, TennCare expenditures went from \$350 million to \$200 million, according to resource mapping data submitted by TennCare.
- T.C.A. Section 37-5-607 establishes provisions for a Multi-Level Response System (MRS) to safeguard and strengthen families and to prevent harm to children. There are four levels of action: Investigation, Assessment of need for services, Referral to services immediately without assessment, or Initial assessment with no further action necessary. Community Advisory Boards have been implemented statewide and continue to meet and suggest improvements.

Georgetown Training Institutes (Steckel, Keller and other Participants)

- TDMHSAS' Office of Children and Youth and a contingent of over fifty representatives from Tennessee's SOC communities attended the Georgetown Training Institutes (GTI) in Orlando, Florida, July 25th – 29th. GTI is Tennessee's technical assistance partner with the SOC grants. All attendees participated in a State of Tennessee meeting with Dr. Gary Blau, Chief of Child, Adolescent and Family Branch of Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services.
- Major discussion topics included the evolution of Systems of Care, systems integration, particularly the intersection of Health Reform and Systems of Care, and strategic initiatives. Key support services in the System of Care approach and recommended to be included in state plans are peer youth support, family support services, respite services, therapeutic mentoring, mental health consultation, supported education and employment, supported housing and transportation.
- One of the keynote speakers was Dr. Bryan Samuels, Commissioner of the Administration for Children and Families, Department of Health and Human Services, who spoke of new approaches being implemented at the federal level focusing on child well-being as a path to permanence for children in foster care.
- SAMHSA's Project LAUNCH grantees work to improve coordination among child-serving systems, build infrastructure and improve service delivery.
- The GTI is the nation's premier conference on children's mental health and it is an honor to be chosen to be apart of the faculty and present during the institutes. Several SOC staff members from across the state presented at the GTI, in addition to Kate Kanies and Scott O'Neal who presented on the TDMHSAS Regional Intervention Program (RIP).
- Steckel announced the Youth Council at K-Town Youth Empowerment Network received an Honorable Mention from the national SOC Excellence in Communications Awards for their book, "Be True to You: Celebrating the Things that Make Us Unique," that has a forward by First Lady Chrissy Haslam.

Plans for Future Meetings/Announcements (O'Neal)

- During the meeting, the following suggestions for agenda items were made:
 - Statewide outcomes report;
 - DCS' In-Home Tennessee;
 - Early Childhood Advisory Council;
 - Quenton Humberd, Clarksville pediatrician and member of the Tennessee Chapter of the American Academy of Pediatrics, on mental health screenings in primary care;
 - HIT Statewide Initiative;
 - Erik Harkness on healthcare integration;
 - "Medical Homes" and MCOs; and
 - Children's Cabinet
- Announcements
 - The Workgroup Co-Chairs will meet on September 5, 2012.
 - The second Operation Immersion is September 19-21, 2012.